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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

I001 100051

First Named Inventor

Ramirez von Holle, Sergio

**COMPLETE IF KNOWN**

Application Number

To be assigned

Filing Date

10/15/2003

Art Unit

To be assigned

Examiner Name

To be assigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COLLAPSIBLE INTEGRATED PALLET SYSTEM

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

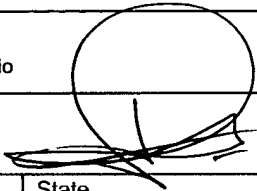
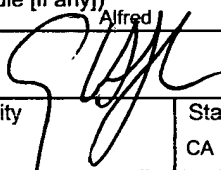
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to <input checked="" type="checkbox"/> Customer Number		32662		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Sergio			Family Name or Surname Ramirez von Holle		
Inventor's Signature 				Date 10/05/03	
Residence: City Solvang		State CA		Country USA Citizenship Chile	
Mailing Address 715 Mesa Drive					
City Solvang		State CA		ZIP 93463 Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Alfred			Family Name or Surname Holzheu		
Inventor's Signature 				Date 10/14/03	
Residence: City Solvang		State CA		Country USA Citizenship US	
Mailing Address 1384 Ribe Rd.					
City Solvang		State CA		ZIP 93463 Country USA	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	10/15/2003
<b>First Named Inventor</b>	Ramirez von Holle, Sergio
<b>Title</b>	COLLAPSIBLE INTEGRATED PALLET
<b>Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	I001 100051

I hereby appoint:

☒ Practitioners associated with the Customer Number:

32662

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Sergio Ramirez von Holle

Signature

Date

10/05/03

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.52. The information is required to obtain or maintain a patent in the United States (USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on this form should be sent to the Office of Management and Enterprise Services, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 4.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

<b>Application Number</b>	To be assigned
<b>Filing Date</b>	10/15/2003
<b>First Named Inventor</b>	Ramirez von Holle, Sergio
<b>Title</b>	COLLAPSIBLE INTEGRATED PALLET
<b>Art Unit</b>	To be assigned
<b>Examiner Name</b>	To be assigned
<b>Attorney Docket Number</b>	1001 100051

I hereby appoint:



Practitioners associated with the Customer Number:

32662

OR



Practitioner(s) named below:

Name	Registration Number

do, my attorney(s), or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office on my behalf.

Please recognize or change the correspondence address for the above identified application to:



The address associated with the above mentioned Customer Number:

OR



The address associated with Customer Number:

OR

Firm or  
individual name

Address:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I am the:



Applicant/Inventor



Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(p) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name:

Sergio Ramirez von Holle

Signature:

Date:

10/14/03

Telephone:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.32. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND THIS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1 800 PTO 9199 and select option 2.